

METROPOLITAN GOVERNMENT of NASHVILLE and DAVIDSON COUNTY TENNESSEE

**Metropolitan Health Department
Pollution Control Division
311 - 23rd Avenue North
Nashville, Tennessee 37203
Telephone: (615) 340-5653
FAX: (615) 340-2142**

**PART 70 OPERATING PERMIT APPLICATION
GASOLINE DISPENSING FACILITY
STAGE I AND STAGE II**

1. Facility Name: _____																																																				
2. Emission source number and source description: _____ _____ _____																																																				
3. Supply the following information for each gasoline storage tank located at this gasoline dispensing facility (motor vehicle refueling facility):																																																				
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th rowspan="2">Tank No.</th><th rowspan="2">Type of Gasoline Stored</th><th rowspan="2">Tank Capacity (Gallons)</th><th colspan="2">(check one) TANK LOCATION</th><th colspan="2">Gasoline Thruputs (Gallons)</th></tr><tr><th>Above Ground</th><th>Underground</th><th>Maximum Monthly</th><th>Average Annual</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>							Tank No.	Type of Gasoline Stored	Tank Capacity (Gallons)	(check one) TANK LOCATION		Gasoline Thruputs (Gallons)		Above Ground	Underground	Maximum Monthly	Average Annual																																			
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4. Is each storage tank equipped with a submerged fill pipe as required by Section 7-13 of Regulation No. 7, "Regulation for Control of Volatile Organic Compounds"? _____ Yes _____ No																																																				
5. Is this gasoline dispensing facility subject to the Stage I requirements of Regulation No. 7, "Regulation for Control of Volatile Organic Compounds"? _____ Yes _____ No If yes, please describe the Stage I equipment in use: _____ _____ _____																																																				
6. Is this gasoline dispensing facility subject to the Stage II requirements of Regulation No. 7, "Regulation for Control of Volatile Organic Compounds"? _____ Yes _____ No If yes, please provide the following information regarding the Stage II equipment: A. Number of dispensing nozzles: _____ B. Nozzle description: _____ C. Describe the Stage II system: _____ _____ _____ _____																																																				
7. Is this source monitored to demonstrate compliance with an applicable requirement: _____ Yes _____ No If yes, please attach the appropriate monitoring and reporting form(s) APC V.19 through V.27.																																																				
8. Is this source subject to 40 CFR Part 64 - Enhanced Monitoring Program? Yes _____ No _____. If yes, please identify the stack or fugitive release point(s) and pollutant(s) to be monitored for this purpose: _____ _____																																																				
9. Page No.: _____ Revision No.: _____ Date of Revision: _____																																																				

INSTRUCTIONS FOR APC FORM V.6b

GASOLINE DISPENSING FACILITY **STAGE I AND STAGE II**

Air contaminant sources that are required to obtain a permit in accordance with the Metropolitan Health Department, Division of Pollution Control, Regulation No. 13, "Part 70 Operating Permit Program,": must complete and return this form, if applicable. Applications are incomplete unless all applicable information requested herein is supplied. Failure to supply any additional information requested by the Director to enable him/her to act on the application may result in return of this application. If there is additional information that will not fit on a form, please declare the information on additional sheet(s) and attach it to the back of the original.

ONE FORM MUST BE COMPLETED TO DESCRIBE ALL OF THE GASOLINE STORAGE TANKS LOCATED AT THIS FACILITY USED FOR THE EXCLUSIVE PURPOSE OF REFUELING MOTOR VEHICLE FUEL TANKS. ANY GASOLINE STORAGE TANKS NOT USED FOR THIS EXCLUSIVE PURPOSE MUST BE DESCRIBED ON FORM APC V.6A.

- Item 2** Describe the type of vehicle refueled at this facility.
- Item 3** Provide the information requested for each tank located at this gasoline dispensing facility which is defined in Section 7-13 of Regulation No. 7, "Regulation For Control of Volatile Organic Compounds" as any facility where gasoline is dispensed from a stationary storage tank to a motor vehicle fuel tank.
- Item 4** Indicate whether or not each tank at this facility is equipped with the required submerged fill pipe.
- Item 5** Indicate whether or not this gasoline dispensing facility is subject to the Stage I requirements and, if so, please describe the Stage I equipment in use at this facility.
- Item 6** Indicate whether or not this gasoline dispensing facility is subject to the Stage II requirements and, if so, indicate the number of nozzles in use at this facility, identify the type of nozzles in use and describe the remaining portions of the Stage II system.
- Item 8** Indicate whether or not this source is subject to 40 CFR part 64 - Enhanced Monitoring Program. If the answer is yes, please indicate which stack(s) or fugitive release point(s) will require monitoring and indicate which pollutant(s) requires monitoring.
- Item 9** Page number must be filled in. Revision number and date of revision are to be filled in only if the information on this form is being revised.

**IF ANY ITEM ON THIS APPLICATION FORM IS NOT APPLICABLE TO THIS FACILITY
THE ITEM MUST BE FILLED IN WITH "NOT APPLICABLE" OR "N/A".**